## L09937

- HEATHEI Attor 2536 Countrysi Clearwate	L. DOUDNA  ney at Law de Blvd. • Sixth Floor r, Florida 33763	ENT NUMBER(S	Office Use Only	7
1. (Corpor	ation Name)	(Document	#) _ <b>X</b> on	99 APR
4	ation Name) ation Name) ation Name)	(Document (Document	#) EFC	30 PM
	Pick up time Will wait AMENDMEN	Photocopy	Certified Copy Certificate of Status	
Profit NonProfit Limited Liability Domestication Other	Amendment Resignation of R.A Change of Register Dissolution/Withdo	., Officer/ Director red Agent	*****3  -	AA01021oro
Annual Report Fictitious Name Name Reservation	REGISTRA QUALIFIC Foreign Limited Partnersh Reinstatement Trademark	ATION PS	Charle -	
	Other		Examiner's Initials	

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of section 607.0502 or 607.1508, Florida Statutes, the undersigned corporation organized under the laws of the State of Florida, submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1	The name of the co	ornoration is: A	meri-Life and	Health Service	s of Palm Beach	. Inc.
1.	THE HAIR OF THE CO	n poranon is. 🕾	michi-Duc and	TYCHILL DOLATOR	2 Of T mill Tookon	,

la.	Date of incorporation:	8/17/89	Document Number:	L099
	_			

2. The name and address of the current registered agent and office:

HEATHER DOUDNA
2536 Countryside Blvd., Sixth Floor
Clearwater, Florida 34623

3. The name and address of the new registered agent and office:

R. Maury Thornton 2536 Countryside Blvd., Sixth Floor Clearwater, Florida 33763

The street address of its registered agent and the street address of the business office of its registered agent, as changed, will be identical

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the Board.

<u>K ///.</u> By:

Title:

Date

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY ACCEPT THE APPOINTMENT AS REGISTERED AGENT AND AGREE TO ACT IN THIS CAPACITY. I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATIVE TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATION OF MY POSITION AS REGISTERED AGENT.

Name:

Date